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IN THIS ISSUE:

THE MISSION OF CHRISTIAN HEALING.....51

WORLD CHRISTIANITY AND MEDICINE.....52
By Carla Zawisch, M.D.

NEVER A DULL MOMENT.....56
By Sister M. Elise Wijnen, S.C.M.M., M.D.

THE MISSION CLIPPER.....59

THROUGH MUSSULMAN EYES.....60
By Sister M. Alma Julia, S.C.M.M.

THE MISSION INTENTION.....62

JOTTINGS FROM INDIA.....63

ACROSS THE PAGES . . .

WORLD CHRISTIANITY AND MEDICINE—How are they related now? Dr. Carla Zawisch's survey of the health situation in Europe and Asia points to the answer.

PATNA'S HOLY FAMILY HOSPITAL ENJOYS THE PRIVILEDGE of being located in the heart of the native bazaar. And privilege it is—colorful and tuneful. Sister M. Elise Wijnen tells why there's "Never a Dull Moment" in Patna.

KAREM—who is a Mohammedan—turns spokesman for the Medical Missionaries this time. And so, for a change, we look at ourselves "Through Mussulman Eyes."

OUR COVER—combines the symbols of Faith, Hope and Charity. At the top, the Cross is visible, the symbol of Faith. Below it, in the background, the outlines of the Anchor of Hope are distinguishable behind the Lamp, whose glowing flame sends rays in all directions—the Lamp of Charity. Twined around the Cross are the serpents which from ancient times have been used as a badge of the medical profession. And so we have Faith, Hope and Charity finding their expression, for the Medical Missionary, in the service of the sick and suffering.

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

THE
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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

Holy Family Hospital, Rawalpindi, India
Holy Family Hospital, Patna, India
Mitford Muncipal Hospital, Dacca, Bengal, India
The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.
The Catholic Colored Clinic, Atlanta, Georgia.

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:
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8400 Pine Road, Fox Chase
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The Mission of Christian Healing

The Holy Father speaks on the moral and social principles of the medical profession.

On two separate occasions within the past few months, Our Holy Father, Pope Pius XII, has addressed groups of physicians, pointing out to them the social and moral principles that should direct the Christian doctor.

The first occasion was an audience given to some 800 physicians, members of the Catholic Medical Confraternity of St. Luke, Catholic doctors' guild of Italy. In speaking of the functions of this society, the Holy Father said:

"In the oppressive atmosphere of intellectually materialistic educators, an association such as yours has a contribution to offer that is like a current of pure and fresh air, above all by directing minds towards those fundamental truths of sound reason and faith in which the great questions of medical ethics find their solution, and secondly, by affirming and applying Christian principles in the practice of medicine and in the training of studious aspirants."

The second discourse was given to 120 Allied physicians, including many Americans, who had requested an audience with His Holiness that they might convey to him their sentiments of homage.

EXAMPLE OF THE GOOD SAMARITAN

In his address, the Holy Father cited the example of the Good Samaritan, which was given us by Christ Himself.

"Your presence," he said, "brings vividly before our minds the parable told almost 2,000 years ago by Christ, the Divine Physician, when He walked so graciously among men. It is the story of the Good Samaritan, and with striking fitness it has been preserved for posterity in the Gospel of St. Luke, who was himself a physician.

"The scene depicted is familiar to you all. A lonely road, a wounded man, helpless and bleeding, lying on the roadside, evidently the victim of robbers who have stripped him after a rough and violent struggle. The Good Samaritan, hurrying home, sees him; he turns from his way, dismounts, goes to the suffering stranger with sympathy, examines his wounds, gently applies oil and wine to clean and heal them, lifts him to his horse and carries him to the nearest inn, where he gives order for his special care. Nothing is to be spared for his complete cure.

"The setting may be different from the circumstances that are common to your experience, but the spirit of prompt and unselfish devotion, of lofty principles inspiring sacrifice of self in the interest of another, of tenderness and love—that is the same spirit that has characterized your profession in all periods of human history. Alas for mankind were it not so!"

MAN'S ETERNAL DESTINY

"For the doctor is not handling inert matter, however priceless. Suffering in his hands is a creature, a man like himself. Like himself that patient has a post of duty in some family where loving hearts are anxiously awaiting him; he has a mission to fulfill, even though humble, in human society. What is more, that ailing, crippled, paling form has a rendevous with eternity; and when the breath leaves his body, he will begin an immortal life whose joy or misery will reflect the success or failure before God of his earthly mission.

"Precious creature of God's love and omnipotence! Spirit and dust compounded to form an image of the Infinite; living in time and space, yet headed towards a goal that lies beyond both; part of the created universe, yet destined to share the glory of the Creator!

"That man who places himself in the care of the doctor is something more than nerves and tissue and blood and organs. And though the doctor is called in directly to heal the body, he must often give advice, make decisions, formulate principles that affect the spirit of the man and his eternal destiny. It is after all the man who has to be treated; man made up of soul and body, who has a temporal interest, but also an eternal one; and as his temporal interests and responsibility to family and society may not be sacrificed to false fancies or to desperate desires of passion, so his eternal interests and his responsibility to God may never be subordinated to any temporal advantage."

THE MORAL LAW

"As We said recently when speaking to doctors belonging to the Italian Union of St. Luke, there flows from this 'a whole series of principles and practical rules which regulate the use and right to dispose of organs and members of the body and

which are mandatory both for the person concerned and the doctor whose advice has been asked.' For man is not really the absolute owner and master of his body, but only has use of it; and God cannot permit him to use it in a manner contrary to its intrinsic natural purpose, which He has assigned as the function of its diverse parts. It is clear, then, as We observed on the same occasion, how the medical profession places its representatives squarely within the orbit of the moral order, to be governed in their activity by its laws.

"Whether it be a question of teaching, or giving advice, or prescribing a cure, or seeking a remedy, the doctor may not step outside the frontier of morality, dissociating himself from the fundamental principles of ethics and religion.

"His vocation is noble, his responsibility to society is grave. God will not fail to bless him for his charity and for his unstinting and devoted efforts to alleviate the sufferings of his fellow man on earth, so however, that he may not fall short of the incomparable joys of Heaven."

World Christianity And Medicine

by

Carla Zawisch, M.D.

In the midst of mankind's darkest hours a small light begins to shine. Is it the faint rim of dawn announcing another day after a most fitful night? Or is it the distant glow of another and still greater conflagration?

The global war has started global thinking. We speak of global politics and global economy. This may well be the dawn. But there is something that was meant to be "global" from the very beginning, two thousand years ago. And this is Christianity. The very word "catholicos" which dates from the time of the Apostles with reference to their creed, can be translated by the modern word "global". If we forget this and if we do not act accordingly, then it will not be the dawn, but another conflagration.

There is no doubt whatever that global thought will be what Christianity makes of it.

And the time has come for serious introspection, for a global examination of conscience, because it might be the eleventh hour and because today's summons might well be the last before another night ends with the Final Judgment.

We have to go back to the very fundament of things. What is the essence of Christianity? Every little boy and girl in Sunday school knows it well by heart: "Thou shalt love God above everything and love thy neighbor as thyself." And the little boy and the little girl do not know very well what it is all about, and when he or she has grown up, they keep in mind that they must say certain prayers and go to Mass on Sunday and that they must not commit certain sins. The rest—never well understood—is all but forgotten, and so the very essence of Christianity escapes the average of us. Yet our Divine Saviour, so full of forbearance with all our weaknesses, is relentless on one point: charity towards our fellowmen. We hear it from His own lips; and those lips which absolve the woman caught in adultery, pronounce over and over again one single sentence for lack of charity—and this sentence is eternal damnation. This is a most serious aspect, the more serious because this sentence of death covers not only the positive acts against charity but also those negative ones of omission. At the Judgment "He (the Son of Man) will say to them that stand on His left hand: Depart from Me, you cursed, into everlasting fire . . . for I was hungry and you gave Me not to eat; I was thirsty and you gave Me not to drink; I was a stranger and you took Me not in, naked and you covered Me not; sick and in prison and you did not visit Me." And the damned ask the Son of Man when it was that they did not minister to Him? The answer is the great fundamental truth of which we are so little aware, the truth of the unity of the **Corpus Christi Mysticum:** "As long as you did it not to these least of my brethren, neither did you do it to Me."

In the face of this terrible sentence and in the face of the endless misery that continues unrelieved in this world, may we not ask perhaps, with a shudder: Who amongst us is really in the state of grace?

Was it in vain that in His sublime prayer of the last night, Our Lord addressed the Father: "For them do I pray . . . that they all may be one, as Thou, Father, in Me and I in Thee; that they also may be one in Us . . . I in them and Thou in Me, that they may be made perfect in one."?

The unity of Christ's Mystical Body! Through Baptism we have become its members, implanted in Him; His is ours and ours His in the fullest sense, His Blood circulates in our veins; and His sacrifice, the act of perfect adoration of the Father, is our very own: **"Orate fratres, ut meum ac vestrum sacrificium** —my sacrifice and yours—" says the priest at the altar in Christ's name. And we assist at Mass, we offer the sublimest sacrifice—with the blood and the tears of our brethren on our hands. This is even more than a "sin of omission"—this is hypocrisy!

"I was sick and you did not visit Me." Let us consider only this one worldwide sin of omission.

Needs and Means

The needs which Christ enumerates are nothing but the most primitive rights of man under the natural law; the right to existence and to life (food, drink and clothing), the right to keep one's body whole (health), the right of freedom (as against slavery of any kind, symbolized by the words, "in prison"). Whosoever deprives one of his fellowmen of one of these rights or does not help him to the fullness of this right whenever he cannot provide for it by himself, is by Christ's own words cut off from His Mystical Body and that means spiritual death, in other words, eternal damnation. We cannot bargain about it; Christ's words stand, they are clear, unmistakable and straightforward.

What is the real situation?

Innumerable millions on this earth are deprived of their natural right to life and health because they are too poor to afford the necessary means for the preservation of these rights and for other still more despicable, even wicked reasons. We have not very far to look. Let us open the official statistics of this country—yes, of the United States, the "country of unlimited possibilities" in material wealth. These statistics show that today poor families and those of medium incomes receive only about half the needed medical care and only one-quarter of the needed dental care.[1] They show, that the "purchase of health" is a "negligible expense for the rich, just possible to the medium income, a catastrophe for those living at an emergency level where sickness means cutting down on food, clothing and housing; an impossibility for still lower income classes."[2]

Of eight million cases of sickness a year causing disability for a week or more, two million **receive no medical care** and two million are attended in general hospitals.[3] "The maternal death rate in the United States is the highest of any truly modern country."[4] This is entirely due to the high costs of delivery under competent medical care. And if I quote the following sentence, it is because in it I found for the very first time spoken out publicly the thought that obsessed me ever since I began to think about these subjects: "It would be very significant to know to what extent birth control is selfishness and what part the tremendous cost of delivery plays. . . ."[5]

Yet there is even more, there is the most underprivileged of all, the indigent Negro. It is bad enough that the Negro, even if he has the means, is not well seen by the white doctor in his private office and that there is not an appropriate number of Negro physicians because colleges and medical schools close their doors to all but an infinitesimal number of colored men and women. But those who refuse the poor Negro a hospital bed because of his color have no right to call themselves Christian.

The Health Situation in Europe

Let us take Europe at a glance. Social medicine before the war was very advanced in a number of countries; maternal and child-welfare were amongst its most important items. But let us be frank about it. Most of this work was due to the activities of the "red or socialist political groups or parties in governments and municipalities—groups generally inimical to Christianity—and in Italy to Facism. What the health situation in Europe will be when the war is over, nobody seems to realize because reliable statistics are still missing and imagination is at a loss. In France, according to French medical papers, the infant mortality was as high as 95 percent for certain districts as early as 1941. Starvation in Belgium, Holland, Greece and Italy seems to be even worse than in France; Belgium is ravaged by tuberculosis. In general, two main factors will have contributed to wreck the next generation: starvation and mental shock (flight, bombing and the horrors of war). The children who have survived will never entirely outlive the severe damage incurred in these years. We have to face the fact that the entire population of Europe will be crippled for twenty, thirty years to come—not to speak of the countless mutilated war veterans. What do we Catholics think about it? Who is going to cope with the situation? Unless Christianity becomes wide awake—Communism certainly will.

The Mission Countries Wait

But the question of Europe is a temporary one, due to specific happenings. What about the countries of Asia and Africa where the white man has imposed his rule and imported his diseases of mind and body in addition to the native ones—the so-called mission countries where the health situation waits for its solution for so many centuries?

Mission and medical mission reports as well as official statistics are abundant. Our eyes have been opened by them ever so often, over and over again. We have blinked at the facts, we have acknowledged them with a kind of prickly feeling, and then we have averted our eyes again; we fell peacefully asleep once more with the terrible and typical "sleeping disease" of the western mind. And while we call ourselves Christian with all the comfortable self-respect we can command, the infant mortality in

1. *Doctors, Dollars and Diseases,* by W. T. Foster. Public Affairs Pamphlets, No. 10, 1944.
2. *Who Can Afford Health?,* by Beulah Amidon. Public Affairs Pamphlets, No. 27, 1944.
3. Ibid.
4. "Must It Be Socialized Medicine?" *The Commonweal,* September 29, 1944.
5. Ibid.

Africa ranges between 40 and 80 percent, one million lepers suffer and die in the bush, other millions are ravaged by malaria, filariasis and other tropical diseases, by sleeping sickness more widely spread all over the continent through the white man's communication lines, and by syphilis which he has imported.

British India

In British India 69 percent of the people are poorly or very poorly nourished; they cannot afford to spend more than an average of five cents a day for food. The result is not only an insufficient but also an ill-balanced diet, which figures largely as a cause of the high death rate of twenty-two per thousand. The life expectancy in India is stated as being twenty-seven years, whilst the average American is expected to reach the age of sixty-three. The maternal mortality is more than twenty-four per thousand, against five and six per thousand in the United States. Out of a total of eight million babies born annually, about two million die.

Each year at least one quarter of the population is stricken by malaria, resulting in one million deaths. Then there are the lepers and the blind or those with eyesight severely impaired by trachoma and other eye-diseases, and in the middle of the twentieth century India has been called "the world's reservoir of smallpox and plague."

The chief reasons for this appalling health situation are poverty, illiteracy, the **purdah** practice (by which the native woman is completely excluded from medical help as offered by a male physician) and the lack of doctors and nurses trained in western medicine. India, with a population of 400 million, has 45,000 doctors trained in western medicine, against the 200,000 needed, and less than 8,000 trained nurses against one million needed. Only one hospital bed is available for every five thousand of the population.

China Plans

Let us look at poor, stricken China struggling bravely to build up all by herself a splendid modern health program in the middle of a devastating war of more than seven years duration and after a preceding twenty-five years struggle in an amazing interior evolution. In 1936, the last "normal" year before the outbreak of the war with Japan, China (total population of 450 millions) was able to raise for public health purposes a sum which represented an expenditure corresponding to 0.8 American cents per capita of population a year![6] Since then China is at war. Of course, a sum representing one American dollar goes much farther in China than it does in the United States. But still the sum is infinitesimal as compared to the needs shown by recent statistics.

The morbidity rate is 4 percent, meaning that there are 16 million persons sick on any one day. The death-rate is 25 per 1,000, that is, 10 million deaths a year. In view of the fact that a death-rate of 15 per 1,000 is generally considered as excessive, China has over 4 million unnecessary deaths a year (civilian deaths of sickness). Three-fourths of these are caused by gastro-intestinal diseases, tuberculosis and infectious causes of infant mortality.[7] Medical mission sources add the following details: the maternal death-rate is 15 per 1,000, infant mortality 200 per 1,000. Besides, tuberculosis is spread all over China; there are more or less continual waves of cholera, there is trachoma, resulting frequently in blindness, and there is leprosy. And, of course, the inevitable maleria and countless cases of deficiency diseases as xerophthalmia (night blindness), rickets, osteomalacia and beriberi.

Against this health situation we find: 12,000 doctors and 38,000 hospital beds. Measured on standards desirable in the United States, that is, one doctor per 1,500 of population and five hospital beds per 1,000—China should have 266,000 doctors and 2,000,000 hospital beds. Moreover, practically all hospitals and doctors are concentrated in the large cities, leaving the rural areas where 84 percent of the population live, virtually without modern medical facilities.[8] But even if there were, these poorest sections would still be wholly incapable of paying for medical help of any kind.

What is the general, the global result of all this? That on this earth there are roughly at least 1,200 million men deprived of or greatly impaired in their natural right to life and health. And it is ours, the western responsibility, the centuries-old sin of omission of the colonial powers and of those powers who have opened independent countries like China to modern civilization.

Certainly there are bright spots in the dark picture. Wherever Christian missionaries appeared, they tried to help the sick. But support received from home governments was inadequate, very often non-existent. Yet they continued heroically in their efforts so that in all these countries up to the present day many of the hospitals and dispensaries are the work of the missions. And the modern mission doctor is a splendid figure in modern Catholic life.

Too Little . . . Too Late

But he appeared too late. In a century like ours, the sources of vocations for the life of a mission doctor, with all the faith and self-sacrifice it implies, are not likely to flow very abundantly. And the tide of suffering cannot be stemmed by a handful of devoted men and women.

What are the governments doing?

Wherever we look at the official reports, the result is the same: "A beginning has been made"—towards a sound public health legislation, towards socialized medicine. . . .

Too little and too late. On the one hand the so-called western nations will never be able to raise a sufficient number of white doctors and trained nurses

6. China's Health Problems, by Szeming Sze. Chinese Medical Association, Washington, D. C., 1943.
7. Ibid.
8. Ibid.

even if these latter were willing to go or capable of establishing themselves in foreign countries. On the other hand, the natives of these countries are beginning to be conscious of their situation and of the failures of which they are the victims. They are eager to learn, eager to get rid of the tutorship of the white man and to reach a position where they can provide for themselves. And thus the period of mere charities done to them—charities in the sense of almsgiving—is coming to an end.

But this actual period of transition is dangerous. Just because of this evolution, these peoples are in need of real Christian charity, the charity which is at the same time a guidance. Otherwise they will end by being a danger to the whole world in the coming period of history, and their finding the way into the fold of Christ may be postponed indefinitely.

The Church Points to the Way

It is these very facts that can show us the way for the future. The Catholic Church pointed to it the moment when, in an impressive ceremony the Pope himself consecrated twelve native bishops. The Church had seen that the peoples of the mission countries needed priests of their own nationality and that these peoples were able to produce them. And thus a new era has opened for these nations.

It must be the same for their material welfare. What is needed in the field of medicine is the native doctor and the native nurse, both trained in western science and methods. What is needed is a large, even an impressive number of medical colleges and schools, where native men and women (especially the latter) must be trained, not only for medical practice but also for the teaching of hygiene to their poor and illiterate countrymen and for the establishment, of a modern system of socialized medicine corresponding to the special needs of the various countries. Beginnings have been made here too, but like our medical missions, which for a long time will have to do much of the work, they are poorly encouraged by those who ought to know better. They are made by the missions and by private charity. "Private" here means exceptional; could we put in the adjective "general"—it would include the governments and would mean that a real and tangible effect could be expected in a relatively short time. The best kind of charity is not to give the poor man a dime but to help him to stand on his own feet and to provide for himself if he is not disabled. There is no doubt that the same holds true for entire peoples and it is this that the missionaries all over the world have endeavored to do from the beginning. The moment has come when their endeavors must be generalized and taken up by Christianity as a whole, including the governments.

For the world has become small indeed; modern communication lines penetrate almost to the last corner. And so does modern thinking. The aforesaid awakening of the eastern nations will progress from now on with increasing speed. At any moment they can reach the turning point where, whatever Christianity has failed to do, will be done by radicalism. Wherever a people awakens to the perception that it is kept too poor to exercise its natural rights to life and health, it takes matters into its own hands, and then invariably Christianity is driven into a tight corner. We have lived through the last example of this kind, Russia. We are going to see some more, and on a large scale, if we do not react in time.

Now or Never

And so, now or never, the new global thinking must be penetrated by Christianity, by global charity. A planning for an equal distribution of foodstuffs all over the world must go hand in hand with a global planning for social medicine. For the health situation can not be separated from the food situation on which it depends in a large degree. Neither can it be separated from instruction in the now awakening countries. The "global economy" which is being planned will be built on sand if these fundaments are not laid, for only sound and healthy people can be sound economic partners. In addition, the health situation of the western nations themselves may become impaired by that prevailing in those countries which seem to be inexhaustible reservoirs of all kinds of infectious diseases, because new communications have brought the peoples of these countries closer. Thus even the materialist who only hopes for a time of easiness and better living on this earth must realize that altruism is, after all, the best egotism and in the long run the most efficient.

But the Christian has higher motives, higher duties and higher aims. He has to cooperate in bringing the world to the feet of Christ. And an old wisdom is his, ever since Christ sent his disciples to "preach the gospel and heal the sick"; the wisdom of the missionaries throughout the ages: that the souls of men are won by charity. Prayers are said by Catholics all over the world, that "all may be one" and that Christ's words of "one fold and one Shepherd" may soon come true. But prayer alone is not enough. In the union of the Mystical Body every Christian shares personally the general responsibility for the souls of those who are still "in darkness and the shadow of death"; thus he also shares the responsibility for the "healing of the sick". We have no right to say that it is none of our business if in postwar Europe the people of ever so many countries continue to be decimated by ill-health as a consequence of what they have suffered during the war. It is, not because Europe could fall a prey to radicalism again and frustrate our hopes for better living, but because here are our brethren in Christ for whom we are responsible in body and soul. We are responsible for the soul of the American Negro to whom the white man refuses a hospital bed and for his sake it will be that Our Lord will pronounce the sentence

of rejection against us. Every one of us shares the responsibility of those governments which consider the colonies of their countries as their possessions and have omitted to help those whom they have made their subjects to their natural rights to food and health. We are responsible for all those millions of souls for whom this neglect has barred the way to Christ. No, we are not as innocent as we think for the catastrophies that befall us.

And again a future lies before us, because another page in the book of history has been turned. Great opportunities are offered to us; more than ever before, science and good will are given a fair chance in the fight against needless suffering and death. And modern facilities have increased enormously our powers to help. The goal to be reached everywhere in the world and within a reasonable period must be:

Medical treatment and nursing available for all;

Proper instruction in preventive medicine and hygiene in the backward countries;

To fight with all the means of modern science, against the infectious diseases of those countries;

And last, not least, the equal distribution of appropriate food-stuffs, available for all by a proper adjustment of prices and justice in the reward of labor.

Today Christianity is at a cross-roads: if we live up to this really global responsibility, brighter prospects lie ahead. If we do not—then the powers of darkness will soon close in again upon the world.

Never A Dull Moment

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

The color and music of the native bazaar enlivens the days and nights at Holy Family Hospital in Patna.

Patna's Holy Family Hospital enjoys the doubtful privilege of being located right in the heart of the native bazaar. The main hospital building extends along the narrow thoroughfare and thus receives first-hand the full blast of public life. And a public life it is! Privacy is an unknown and unwanted quantity in India. Everybody's business is everybody else's business and this in all friendliness and simplicity.

At first we were inclined to pity the poor patients who had to lie there day after day, night after night, listening to all the street noises thundering alongside their ears. But we soon concluded that our pity might well be given to a better cause. They seem to be practically immune to sounds. Everything that happens to them from birth to death is set to music. To some of the patients, even a stay in the hospital is as good as a **mela** (religious fair).

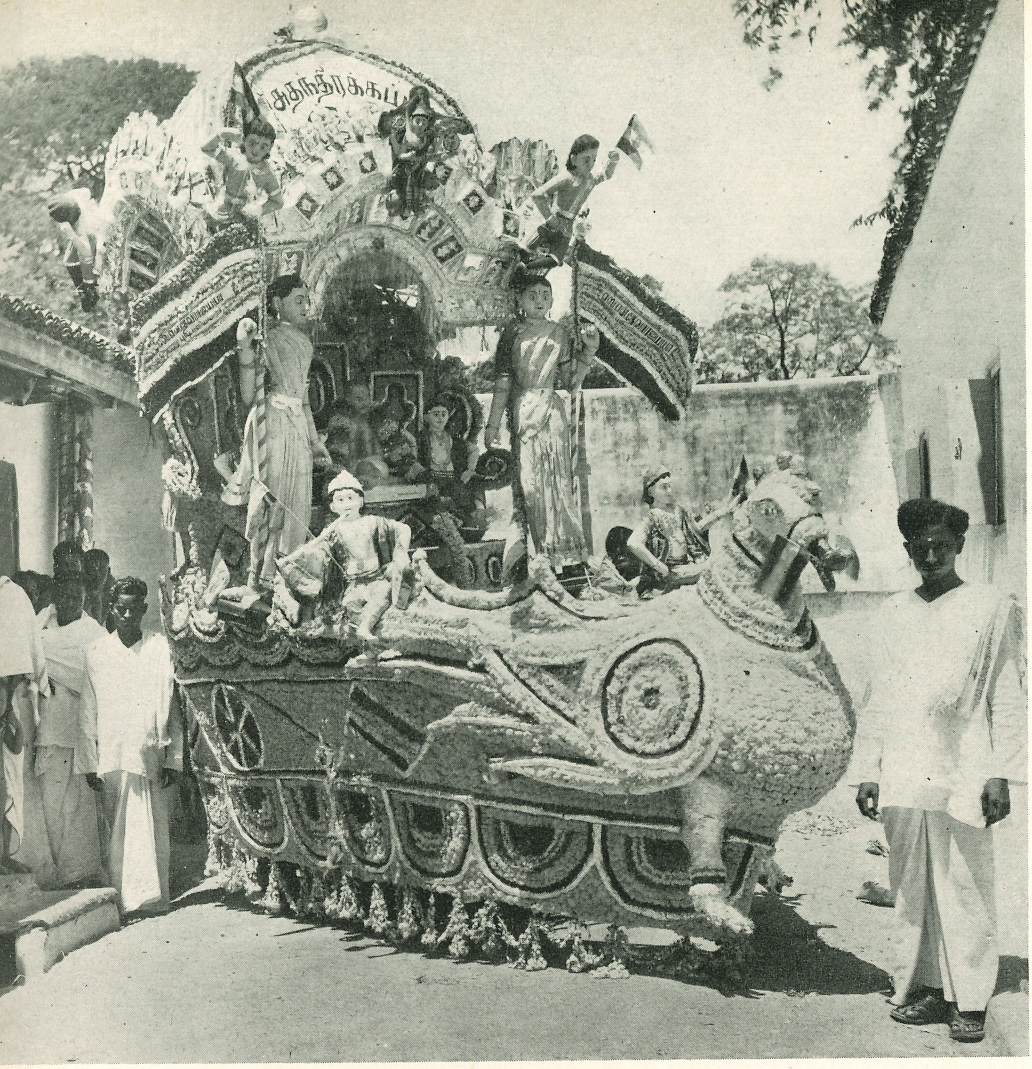
The ordinary everyday street noises include the ramshackle city bus rattling past every half hour or so; any number of tomtoms, not drums, but flat-topped horse buggies, like a kitchen table on wheels; cycle-rickshaws, phaetons and other carts, all fitted out with some weird noise-making device, as if the driver's voice were not sufficient! Add to these a few cars and the pedestrians! The amount of noise they contribute to the general orchestra can be found only in the Orient. What sounds to us like a prelude to murder and mayhem is usually nothing but a friendly altercation!

But that is merely the background against which is played the colorful and tuneful drama of Indian everyday life. And the greatest of all its acts is the wedding party! Everyone gets married in India, with all the music and excitement they can afford. There is no such thing as a quiet wedding at home, or an on-the-sly trip to City Hall. Thus it happens that at frequent intervals, which means every few hours during the main wedding seasons, the street is filled with a capering, shouting multitude in many-colored garments conveying the bridegroom to the house of the bride.

A really fancy wedding includes a number of dressed-up, bell-tinkling elephants, as many as a hundred sometimes, preceded and interspersed by uniformed brass bands, all playing at the peak of their capacity. The result is startling . . . which is all that is expected. Then come the merry-makers, carrying baskets of flowers, sweets, presents and garlands, often in the shape of small gardens on flat wooden trays. Finally there is the perspiring bridegroom, very much dressed up and bedecked, his face practically hidden by garlands. His horse is led by friends, unless he travels in modern fashion, seated in the back of a motor car, or maharaja-like, on the neck of an elephant.

At the other extreme from all this magnificence is the wedding party of the poor, where one band of street urchins, a few garlands and a group of women and children comprise the escort for the

COLOR AND MUSIC FORM THE BACKGROUND OF INDIAN LIFE . . .



A beautifully decorated flower-ship bears an effigy of Mahatma Gandhi — to the accompaniment of music.

(Photos from Three Lions)

Indian dancing girls tell the legend of Krishna.

young husband-to-be. But the noise, although less continuous, is scarcely less noticeable. Every wedding procession brings the whole compound to the gate on the run, and empties the hospital of all the patients who can stand, and many who shouldn't. A busy ward looks a queer sight at such a moment, nothing but human backs clustered at the windows and two rows of empty beds. We may fuss a little at a three-day post-operative draped over a window sill, or a sick typhoid standing straight up in bed, but actually these occasions are a treatment as well as a treat to many of the patients. These women lead such secluded, dull lives that a little excitement is just what they need to snap them out of their introspective ways.

Scarcely less exciting are the funerals. No somber black clothes and stately pace of mournful music characterize the Indian funerals. In fact, a wealthy funeral draws a larger crowd than a wedding party, for on such occasions **paisa** are thrown out by the handful. This indiscriminate distribution of small change is considered an act of charity which will benefit the deceased in his next incarnation. All the urchins and beggars of the neighborhood follow the bier to the bitter end, shouting with delight. The money, which is distributed by the chief mourner at regular intervals, is thrown high up into the air by the handfuls. I doubt if a single coin ever reaches the ground. They are snapped up in mid-air by the jumping, screaming multitude of beneficiaries. The entire group is surrounded by opened, inverted umbrellas held high up on sticks to catch the silver rain. You can easily imagine how quickly the compound empties when a large funeral passes by!

The ordinary burial procession, although not such a crowd-drawing affair, is equally colorful. The corpse is wrapped in gauzy, bright red material, trimmed with gold and silver tinsel and is borne on an open bier covered with garlands, high up on the shoulders of four men. They are surrounded by mourners and spectators, and if there is no band, at least there is the constant repetition of the burial cry: **"Ram, Ram, Sata Hai** —God is above all." It is kept up from beginning to end until the bier has reached the funeral pyre, no matter how pantingly hoarse the mourners may become. In the bad cholera or smallpox seasons the cry of one funeral hardly dies away in the distance before a new one appears, and the air is smoky with the acrid fumes from the burning ghats.

Still we have our relatively quiet times. At least they seem so to us, compared with the major feast-days, for instance, when the statues of gods and goddesses are carried in procession. These occasions are popular and terminate when the gods are thrown into the Ganges. The statues are merely baked mud affairs, decorated with paint, tinsel and garlands. They are carried on a small platform and surrounded by dancing, sword-brandishing, singing youngsters and bands of clanging cymbals and tamborines. There is an abundance of reverence in the Indian religions, but somehow or other it is not manifest to any great extent in the street processions.

Political rallies used to be very common and very noisy, but they have almost disappeared of late. Accidents are the order of the day, but are of the minor variety usually, as the traffic does not move quickly enough for a major catastrophe. At such times we sew up cut hands and heads and feet and amply "tinctures" liberally.

But the most interesting noises are those of the night. Then we can only guess their causes, aided by experience and imagination. A wedding march becomes a long drawn-out string of sounds, usually one bar from a popular tune like "Tipperary" repeated over and over again, interrupted by all sorts of banging and shouting. It may sound rather pleasing at first, but by the time the tune dies away in the distance it has become monotonous and tiresome. The traffic and bazaar noises also seem to change in the dark, although life in the streets continues until after midnight. But gradually the noises become more muffled and distant, until at last the bells and horns and claxons fade away to be replaced by the everlasting creak and groan of the heavily laden oxcarts that fill the main roads at night, like the huge overland trucks that thunder along the American highways. These carts also get there . . . eventually!

All of these noises have become commonplace to us. We hear them but they no longer register, unless there is some special reason for noticing them. Yet there is one night noise that never fails to electrify us, even in a deep sleep. That is the rattling of hoofs outside the compound, the banging on the sheet-iron hospital gate, and the frantic shouts, of **"Memsahib, mariz aya**—Sister, here is a patient!" **That** noise means business, all the rest are only decorations.

Please pray for the repose of the souls of:

Rev. John J. Keating, Holyoke, Mass.

S/Sgt. John F. Egan, Jr., Stamford, Conn.

Mr. George Frank, Baltimore, Md.

Mrs. Frank Sposa, Sr., New Haven, Conn.

Mrs. George May, Washington, D. C.

May their souls and the souls of all the faithful departed through the mercy of God, rest in peace. Amen.

The Mission Clipper

VITAMINS AND THE MISSIONS

By actual test, a vitamin tablet recently developed by the Institutum Divi Thomae, science research foundation of Cincinnati, has proved very valuable in overcoming vitamin deficiencies in the diet of peoples in mission lands. The first million tablets are being sent to the Vatican to be distributed under the direction of the Holy See. Eventually, large quantities of the vitamin tablet will be made available to missions all over the world.

CHOLERA EPIDEMIC—MARPA, INDIA

According to a report from Father Farrell, S.J. of Marpa, India, within a five-mile radius there have been at least 4,000 cases of cholera during a recent epidemic of the disease. Some 2,000 have died. About 800 cases came to the Marpa mission for medicines, and of these, more than 650 were cured. At its own expense, the mission has disinfected over 80 wells. New cases, of the most virulent type, turn up continually. At the beginning of the epidemic the sickness lasted generally for two to three days. Now that it has gained ground, the sick go off in two to six hours unless timely treatment is given them.

—Patna Mission Service.

ETHIOPIAN EMPEROR RESTRICTS MISSION TERRITORY

Emperor Haile Selassie has restricted the work of missionaries by a recent decree forbidding attempts to convert Ethiopian nationals and barring missionaries from areas predominantly populated by members of the Ethiopian Church. "Open areas" of non-Christian population are established in which the missionaries may work. Hospitals and non-denominational schools are exempt from the provisions of the decree.

—The Shield.

VACCINE FOR MALARIA

Recent medical reports tell of the discovery of a successful vaccination of animals against malaria, with the hope that the vaccine will prove successful also for humans. Details will not be released, however, until after the war.

ST. XAVIER COLLEGE, RANCHI, INDIA

The opening of St. Xavier College in Ranchi, India, marks a crowning achievement in the educational system established by the Jesuit Fathers in the diocese.

The majority of the students in the new college are non-Catholic. Of the Catholic students, some thirty are pupils who have been brought to college level through the efforts of the missionaries. The head of the new college is the Rev. C. Saldanha, S.J.

FOOD IN THE INDIAN ARMY

The food problem in the Indian Army (numbering upwards of 2,000,000 soldiers) is affected not a little by religious observance. The Moslems do not eat pork, the Hindus and Sikhs do not eat beef, and some Hindus do not eat any meat at all. Each group insists that its meat be slaughtered by a man of the same religion and according to its special customs—the Moslems by cutting the throat (Halal), the Hindus and Sikhs by slashing off the head with one stroke (Jhatka). For this reason Indian troops, wherever possible, are supplied with meat "on the hoof." In the front line, experiments have been made with canned and dehydrated meats, prepared according to the various customs, each container bearing the signature and sometimes the photograph of the priest who supervised the process. When live meat is not available, however, Indian troops seem to prefer an extra ration of some other issue: sugar, rice, flour, chupattis (unleavened bread, resembling pancakes), or ghee (clarified butter).

REPORT FROM KUMASI

From Kumasi, on the Gold Coast, West Africa, where our Society hopes to establish a medical center soon, His Excellency, Bishop Paulissen writes: "In this Vicariate there is but one community of Sisters. They number only five, and with the assistance of ten native teachers, are in charge of a large school, counting over 400 pupils. The Vicariate also has nine residential stations, each with between forty to fifty outstations; 200 schools with more than ten thousand pupils; 30,000 Catholics, 15,000 Catechumens, and about 600,000 pagans to be converted. Your Society will help to accomplish the immense task before us."

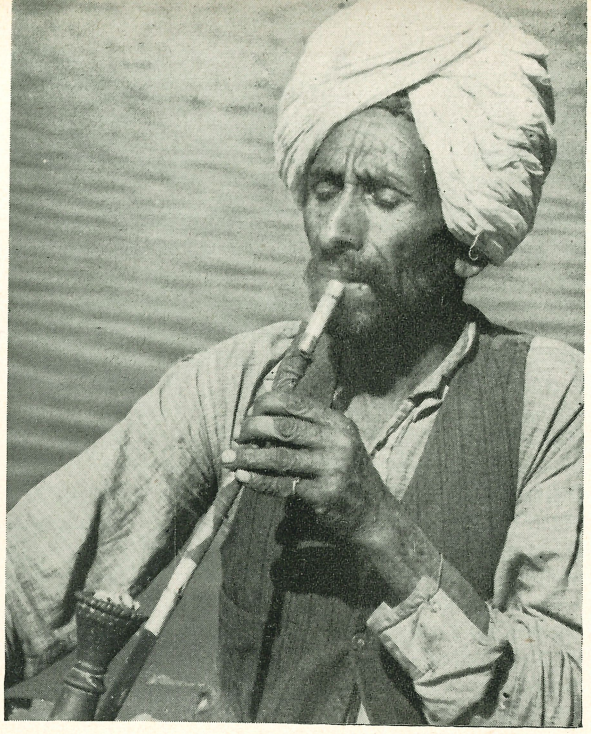
THE FAITH OF MOHAMMEDAN WOMEN

During the Holy Week ceremonies of the Syrian Church in Lebanon, a figure of Christ is borne in procession, in memory of the death and burial of Our Lord. Non-Catholics, even Mohammedans, attend in great numbers. The Mohammedan women are convinced that those among them who have no child, if they get a chance to pass beneath the "Coffin of Christ" during the procession will be granted their request. Therefore many of them stand in the way of the procession, praying, their souls filled with faith and anxiety like that of the mother of Samuel. Many affirm that their prayers are heard and the favor granted. They do not fail to return with their child to the same church, where they kiss the altar-step, pray and leave an offering as a token of gratitude.

Through Mussulman Eyes

by

Sister M. Alma Julia, S.C.M.M.



Karem . . . in a reflective mood

"The Sisters are having their eight days of silence and prayer." Karem had made the explanation so often these days but each repetition added to his importance and pride. The retreat had increased his work and responsibilities, of course, but Karem is the kind of servant who thrives on work, especially with responsibility attached.

The Medical Mission Sisters in India were having their annual retreat in their summer cottage in the lower Himalayas, about thirty miles north of Rawalpindi. The cottage is a one-storied stone affair surrounded on three sides by pine trees. It contains nine rooms, counting the two enclosed sun porches, one of which is a chapel.

Karem had come up from the hospital to be the cook this summer, and while the sisters were on retreat he was also, more or less, "general manager" and spokesman. He was now explaining to Abdul, the vegetable man, who had just brought a basket of carrots and onions from his village nearby . . .

"Yes, every year the sisters come from Rawalpindi—and lately also from their hospitals in Dacca and Patna. They spend their vacations here. And now for eight days they do not talk but are most of the time in the chapel, praying or listening to the Father Sahib preaching."

"Allah be praised! But I cannot imagine a group of women keeping silence for eight days," exclaimed the skeptical Abdul. "If you get two women together they talk continuously!"

"But these women are different. I know. Haven't I worked for them in the hospital the last eight years? Even there they have their times when they do not talk or talk very little. From after their night prayers until after breakfast in the morning they do not talk at all unless they whisper. I have seen it many times."

"How many of the ladies are here?"

"Fourteen. There were never so many here before at one time. They must be rather crowded, as you see the building is not so large."

"Fourteen women keeping silence! I can't believe it!"

"But they use their voices," Karem protested. "They recite prayers together as we do in the mosque. When you pass the chapel you can hear them.

There was only one way to reach the kitchen, which was a separate building behind the cottage, and that was along the side of the house where the sun-porch had been turned into a chapel. The chapel door opened directly onto the path, for the cottage is on a mountain peak of its own and the other side is right on the edge of a little precipice.

From the kitchen door Karem could see some distance along the mountain road below the cottage, so when the retreat began he kept watch for anyone who might disturb the sisters.

It was noon when Pahlewan, the breadman, came along. Karem hurried out to meet him. Like himself, Pahlewan and all these other men were Mussulmans. Karem explained as he stored the bread away in the box.

"This is the first time so many of the sisters have come together for their eight days of silence and prayer."

"But what do they do all day?" Pahlewan asked.

"First they go to the chapel and pray for an hour or so. Then the Father Sahib comes and they light candles on the altar and pray while they kneel and watch him. They say some prayers with him, too. Then they pray by themselves at different times during the day and even say some prayers out loud, bowing like we do in the mosque."

"Since when have you been in a mosque, Karem?"

"I must say I have become careless about public prayer, but I have my work. However, I say my prayers five times a day as the law requires and I keep the fast in the month of Ramadan."

"All right, all right. But go on about the sisters."

"Well, they seem to pray at least five times a day, as much as any good Mussulman. And now, during the eight days of silence and prayer they spend most of their time in the chapel. When not in the chapel they seem to read or sew."

"These ladies know how to sew then?"

"Certainly. They do all kinds of sewing and are very handy about it."

"Go on. What else happens?"

"Well, four times a day the Father Sahib talks to them, about an hour each time. This Father Sahib talks much longer than the one who came last year. You can hear him when you go near the window or pass the door. If you understand the language you will know what he is saying, but I do not understand English."

"Prayer is always good," observed Pahlewan, "but I did not know that the foreign people did much praying. Now I have a brother who is a servant in a Captain's house and he tells me the Sahib people never pray."

"Well, that may be, but these sisters are different. They have some special reason for working in hospitals."

"That is true of the other sisters who keep the schools and the ones who have the orphan children, too, isn't it?"

"Yes, although they dress differently from these sisters and do other work, they are the same kind of Christians."

Karem had to hurry on with the dinner now so he abruptly ended the conversation. The retreat was going smoothly and he was pleased with himself. There were so many things to manage and he did them beautifully. The servants got along with him and would do as he said.

In the afternoon came Ghulam, the milk-and-butter man . . .

"Who is that man whom I have seen bowing in the front of the chapel, dressed in silk and gold cloth?" asked Ghulam.

Karem had put away the butter and was pouring the milk into pans to boil. He fanned the fire while he talked.

"He is a Father Sahib from America. For more than twenty years, he told me, he has been teaching down in Bihar. He speaks a beautiful Hindi. I serve him his meals and he talks a little to me then."

"Careful, Karem, he might make a Christian of you."

"Oh no, he never says anything to me about becoming a Christian. But I think it is a good thing that he makes Christians out of Hindus." Karem fanned vigorously. The coals began to glow.

"But don't you think these Christians are idol-worshipers?" Ghulam asked. "I have heard that these Roman Christians worship Christ's mother and are therefore idolators."

"Nonsense!" Karem laid the fan on the shelf over the stove. "We all know that Christ the Prophet had a mother named Miriam, and we Mussalmans have great respect for her too, as well as for her Son. If the Christians like her so much that they put up a statue in her honor, is that idol worship? That is only a European custom. Look at the statue of Queen Victoria in Rawalpindi and those statues of great European soldiers here and there in the Punjab. They do not worship them."

"Well, well! I don't understand many of these things. Now I must go with my other pail of milk for the Mem Sahiba down the road."

"Remember about walking quietly past the chapel," Karem said.

Mohammed, the flower-man, walked up the path just before the four o'clock conference. Karem was baking cookies and missed him, so he hailed a sister sitting on the step of the verandah.

"Flowers, Mem Sahiba?"

Sister did not know whether the sacristan wanted flowers or not, so she motioned the man towards the kitchen, saying, "Ask the cook." A queer order indeed. What did the cook have to do with flowers?

"The Mem Sahiba sent me here," explained Mohammed when he spied Karem at the kitchen door.

"Wait here, I will see," said Karem and went to the sewing room where usually a sister could be found sewing or reading. "The flower man has come."

"Oh good," said Sister Dolores. She disappeared inside and came back with a rupee in her hand. "Here, Karem, see how much you can get for one rupee." That night Australian sweet-peas graced the altar during Benediction.

There was the mail-carrier who also came each day. Mahmud was likely to call out in his loudest voice through any open door or window, knowing that the sisters were always delighted with his visit, especially if there were foreign stamps on the letters. He, too, received his instructions from Karem to bring the mail quietly to the kitchen. Karem then placed the letters in a conspicuous place on the mantlepiece of the dining room where Sister Alma would see them when she came out of chapel.

Mahmud was in no hurry as he gave the mail to Karem this day. He liked to stop for a chat and talk of all the foreign mail the sisters received.

"I have seen cinemas of America," Mahmud said, "And I have heard a lot about the country. It is a wicked place. There is too much divorce and the Christians are not good people."

"You are misinformed there," spoke Karem. "The Christian religion does not allow divorce. The Father Sahib explained it to me one day."

"How can that be," argued Mahmud. "I deliver mail to all the Christian **log** (people) and have talked to their servants. You know that what one servant knows is passed around to all their brethren in service. I know that many of these people are divorced."

"Mahmud, I will explain. A man may call himself a Mussulman, but if he does not follow the Koran he is not a Mussulman. A Mussulman means a follower of Mohammed. So a Christian means a follower of Christ. Thus a man may call himself a Christian but

if he does not obey the law of Christ he is not a Christian. And Christ did not permit divorce. You can get hold of a Christian bible and read for yourself."

Karem took a long breath. He was surprised at himself for remembering so much that he had picked up in conversation while serving trays to the Father Sahibs.

And now the last day of the retreat was over, The Padre Sahib was still talking to the sisters in the chapel. The day's work was finished and Karem was sitting with Abdul and Ghulam in front of the servants' house, smoking the **hookah.**

The talk must be ended, for now Sister was lighting the candles. It was later than usual, as a lantern was also lit and hung up. Soon it would be dark. From where they sat they could hear the singing and see the lights.

"The Father had better hurry or it will be raining again," said Karem. It was over now and the Father Sahib came along the path.

"Good night, boys, a lovely night," said Father.

"Yes, Father, good night Father." Karem had jumped up. Sitting down again he pulled long at his **hookah.** "It has been a busy week," he confided, "but everything went well."

The Mission Intention

FOR MOHAMMEDANS WHO LIVE AMONG CHRISTIANS

Karem, Abdul and Ghulam—the men who look at Christians through Mussulman eyes—are the very ones for whom the Holy Father asks us to pray this month. They are the Mohammedans who live among Christians.

To the orthodox Mohammedan, religion is the touchstone of life. The Salat, or liturgical prayer offered five times a day, the strict observance of the Rosa or fast during the month of Ramadan, the Hadj, pilgrimmage to Mecca, the fifth pillar of Mohammedanism and a religious duty founded upon expressed injunctions of the Koran—are but a few of the manifestations of the spirit of fervor that flames in the Mohammedan soul.

Nor is it only a flame left to burn where it will. The Mohammedan must be a missionary, although his method be of blood and the sword. According to Tradition and the Koran, "He who dies and has not fought for the religion of Islam, nor has even said in his heart, 'Would to God I were a champion that could die in the road of God', is even as a hypocrite."

It was not only love of conquest and greed for power that caused Islam to spread with such fire-like rapidity, that within the space of one hundred years the rule of the Crescent extended from the Atlantic to the Indus and from the Caspian Sea to the cataracts of the Nile. Even Christendom itself trembled before this religion run riot, before fervor became fanaticism and time and again it took a Charles Martel, a Don John of Austria and the prayers of the saints to bar the way.

These are but the external expressions of the spirit of Islam. There is an inner life too, and the teachings of the Koran have been able to lead to a more intensely religious life, and the attainment of real mental prayer. Who will say that souls such as Ae Ghazali, even when not visibly united to the Church, do not also live of the grace of Christ?

Obviously, religious observance is the rule wherewith the Mohammedan measures the stature and character of the Christian and of his religion. For the Mohammedan who lives among Christians it must be very puzzling indeed. What is he to think of the strife and hatreds which mar a divided Christendom? How can he see Christ and His Church, unless Christians first show him by example?

The precious gift of God—the Faith—has been given us. But all too often, we stumble with it, we trip and fall. Well then, what is left? There is still prayer. We fall, yes, but we can also fall on our knees. Our Holy Father is our guide, and he asks us to pray.

Let us pray, therefore, especially during this Easter month, for the Mohammedans who live among Christians—let us ask that the Pascal Flame may quickly dispel the mists and darkness, that the night may shine as the day—and that seeing the Light, Islam and the whole non-Christian world may speedily be drawn into visible union with the Body of Christ—the Church.

Jottings From India . . .

MARY GIRI

April Showers in October!

It might have been April—but it was October, when Sister Vincent sent the following weather report. "We have thunder storms every afternoon and our novices say that next month the storms will be terrific. Sometimes the thunderbolts almost make us jump out of our chairs. This is the winter season here—no ice and snow—but heat and humidity. The hot season occurs in March and April."

Food and Famine

"The food situation is still very serious, especially here in Malabar on account of transportation difficulties", continues Sister Pauline. "Throughout India the prices are beyond the means of the majority of the people. Every day so many destitute cases come to our door begging a little food. Their poor emaciated bodies are often covered with wounds, and their legs are always horribly swollen. Many are old men and women, hardly able to hobble along. These are not the professional beggars but people who have been driven from their homes by starvation."

What do the Sisters eat in Malabar? Sister Pauline mentions tapioca as an important food product, adding . . .

"We have bananas three or four times a day: steamed at breakfast, raw at lunch, fried at tea, and raw again at supper. After a storm we do not go out to pick up 'fallen apples' as you do at Fox Chase, but we do pick up 'fallen cocoanuts'. There are men who by profession go around climbing the tall cocoanut trees and picking the cocoanuts. It is an art."

Friend Elephant Remembers . . .

"Sister Vincent and I are still being surprised by some of the things we see in the South of India —elephants for instance. They are a common sight because they are used in the forests to haul great logs of wood. It is an experience the first time one meets a great towering elephant on a small country road, of which it takes up the greater part. Sometimes our recreations are enlivened with elephant stories. My favorite one is that of the elephant who went walking among the shops of the bazaar. A tailor sitting at his machine on the steps of his little shop stuck a needle into the elephant's ear. The next day friend elephant returned with his trunk full of water and gave the tailor and all the contents of his shop a good drenching! The elephant's skin is very tough, but his ear is tender, so if you prick it he feels it."

PATNA

Open For Operations

Holy Family Hospital in Patna has a new operating room. Sister Cecilia thus describes it: "Of course, it has no nickel plated fittings or moulded metal tables. But it **is** an operating room and it has an asbestos roof, and . . . ah . . . a smooth cement floor."

An afternoon dispensary for men, attended by a male doctor from the Patna Medical College, has been opened recently at the hospital.

The new operating room and dispensary take care of some of the major problems—but there are others . . .

"We have a few minor local problems also—pen and ink for instance. But if 'the pen is mightier than the sword' can it be only a minor item when pens (none of which are everlasting) break and cannot be repaired locally? Ink, bought (at a war time price) in a bottle bearing a reputable firm's label, often turns out to be 'blue mud' and water."

RAWALPINDI

Take Up Your Bed

"There is a headlong rush at Holy Family Hospital these days", writes Sister Dolores from Rawalpindi. "Our hospital census is 115 patients. The night before last there was absolutely not a vacant bed in the hospital. The night **chaukidar** (watchman) caught on to the fact very quickly, so when new arrivals came he admitted the patient but made the relative go home for a charpoy. In India, bringing your own bed is no inconvenience. The people do it just as readily as if they were told to bring a toothbrush."

"Daughters of Mary"

"A community of Sisters, 'Daughters of Mary', have four of their members in training at Holy Family Hospital. This new community of religious has an interesting beginning. Reverend Joseph Kuzhiengalil is the founder. Originally he belonged to the Changanacherry Diocese near Trivandrum. When Archbishop Mar Ivanios of the diocese of Trivandrum appealed for priests to help him care for the 45,000 Jacobites who had joined the Roman Catholic Church, this Father Kuzhiengalil volunteered to help out for one year. In that first year he converted 1000 pagans, and in three years he had 3000 converts. He had gone there with the intention of working among the Jacobite Christians and this was the result. To help him with these new Catholics, Father secured the aid of some lay brothers to teach catechism in the homes to the men. He started this community of sisters to catechize the women and children. Some of the Sisters are now being trained to care for the sick."

MAY THE SUN OF JUSTICE, RISING FROM THE TOMB, SHINE UPON OUR DARKNESS WITH THE MARVELOUS LIGHT OF HIS RISEN BODY.